

REC'D APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8317
 Do not use this space
 2082

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St Louis** (d) Street No. **2749** **Laclede** Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

435 Andrew Walton
 (a) Residence, No. **2749 Laclede Ave** St. **21** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Walton**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 22 1904**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 1 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Coach Cleaner**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N. Carolina**

FATHER 13. NAME **Unknown**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Mary Walton 2749 Laclede Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson** DATE **3-5 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Ellis Funeral Home 2820 Stoddard St**

20. FILED **MAR 2 1939 J. D. Beck** (Official Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 27 1939**
 I HEREBY CERTIFY, That I attended deceased from **Dec 20th** 19**38**, to **Feb 27** 19**39**
 I last saw him alive on **Feb 27** 19**39**. Death is said to have occurred on the date stated above, at **5:40** p.m.
 The principal cause of death and related causes of importance were as follows:

Bacterial Endocarditis

Date of onset

Jan. 30

Other contributory causes of importance:

Strep. Sore throat
~~non Biphtheroid~~

Dec 20 38

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) **W. D. Young** / M. D.
 (Address) **2316 Market**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. Boykin
implies

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Lommie Boykin

Licensed Embalmer No.....

2946

P. O. Address.....

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.